04-20-1999 90079 017 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	533317	7

1. Corporation Name

SUNBELT PRODUCTS, INC.

Principal Place	of Business	Mailing Address		1 (65) 61 61160 11/50 (1100 11/10 11011 10011 10011 10011 10011 10011 10011 10011 10011 10011 10011 10011 1001	
5050 EDGEWOO	D COURT	5050 EDGEWOOD COURT			
JACKSONVILLE		JACKSONVILLE FL 32254			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
	•			05/09/1977	
2. Principal Pl	ace of Business	2a. Mailing Address	****	4. FEI Number Applied For	
21		26		75-1551401 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 3	0	Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Current			10. Name and Address of New Registered Agent	
			81 Name		
E EL	LIS ZAHRA, JR		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
5050	EDGEWOOD COURT		62 Street Addi	ress (P.O. Box Number is Not Acceptable)	
JACK	(SONVILLE FL 32254		83	,	
1		•			
1			84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes.	· ·	
SIGNATURE				art when reinstating) DATE	
	Signature, typed or printed name of registered agen		egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AN	D DIRECTORS	1,1 TITLE	Change ☐ Addition	
TITLE 1	S	DELETE		_ onmage	
NAME	DIXON, J W		1.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		1.4 CITY-ST-ZIP	CT Character To Addition	
TITLE	PD	☐ DELETE	2.1 TITLE	Change Addition	
NAME	Kufeldt, James		2.2 NAME	j	
STREET ADDRESS	5050 EDGEWOOD COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254	=	2, 4 CITY-ST-ZIP		
TITLE	TD .	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	BRAGIN, D H		3.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		3.4. CITY+ST-ZIP		
TITLE	V .	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	MAY, L. H		4, 2 NAME		
STREET ADORESS	5050 EDGEWOOD COURT		4.3 STREET ADDRESS		
i	JACKSONVILLE FL 32254		4.4 CITY-ST-ZIP		
CITY-ST-ZIP	VD	DELETE	5.1 TITLE	☐ Change ☐ Addition	
	MCCOOK, R.P.		5.2 NAME	= ' =	
NAME	INICCOUN, R.F.		. .		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

5050 EDGEWOOD COURT

JACKSONVILLE FL 32254

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

☐ DELETE

Change

■ Addition